Art. XXIV.—*Transactions of the Obstetrical Society of London.* Vol. XXI. for the year 1879. 8vo. pp. lxii. 373. London: Longmans, Green & Co., 1880.

It may be interesting to some of our readers to learn that this Society holds one meeting in every month of the year but August and September; that the usual attendance is now from fifty to sixty; and that Dr. William S. Playfair is its President.

The opening paper of this volume is on *Extra-uterine Fœtation.* Dr. Priestley exhibited the bones of a fœtus which had been removed from time to time through an opening formed spontaneously in the Douglas cul-de-sac nearly twelve years after the occurrence of the abnormal pregnancy. He advocated waiting for nature, except in cases where the symptoms indicated immediate danger to life. The discussion opened an important question which we have already fully set forth in this Journal, and which must frequently arise in such cases, viz., Is it not more hazardous to wait than to operate? The opinion of the Society, as far as it was expressed, appeared to favour interference, by opening the fœtal cyst through the vagina when practicable. A full discussion of this subject is well worthy of the attention of the Society, as the views of many are changing in regard to the management of extra-uterine cases, and operations are becoming more frequent than in former years. Dr. Veit, of Bonn, has taken the initiative in an attempt to save the life of a woman during hemorrhage from a ruptured Fallopian cyst. He was unfortunate in the result; but we believe the operation must in time meet with success, having seen cases, after death, where the conditions were such as to have made ligation practicable. Two children have been saved in this country by primary gastrotomy, but the women were lost in ninety hours and five days respectively. Where the fœtus has been destroyed within the cyst, it has been found to act afterward in several instances as an element of danger by exciting attacks of peritonitis.

In a paper on *Digital Dilatation of the Os in Labour*, Dr. James Braithwaite advocated the use of the fingers in dilating the cervix in cases where the first stage of labour is unduly prolonged, employing first the index fingers of both hands opposite the pubes and sacrum, then two fingers behind and one in front, and finally two fingers of each hand, separating the parts by traction in imitation of the effect produced by pressure of the head. He illustrated the subject by the recital of five cases of labour in which he had adopted the method with success. Nos. 1 and 2 were cases of convulsions, both primiparæ. In No. 1 the dilating process required less than an hour, when delivery was completed by the forceps; in No. 2 labour progressed naturally after dilatation, and the patient delivered herself; both recovered under chloroform. No. 3 was a 6-para, in labour with twins; first stage very much prolonged; after partial dilatation labour advanced naturally. No. 4, also a 6-para, with waters broken early, but head making no advance; digital dilatation soon effected a change, and she was delivered by the forceps without much difficulty. No. 5 was a primipara with rapid and strong pains, but no progress; dilated with two fingers every quarter of an hour, and then with three fingers during an hour and a half, and then ceased. In two hours os fully dilated; in four, labour accomplished.

In the discussion, the opinion of the Society appeared to favour the employment of chloral and chloroform; and the dilatation under hydrostatic pressure, if it should be then required. We have heard very decided objections made to digital dilatation in this city. The method proposed is an improvement, and although not to be recommended as a frequency, may become of useful necessity where proper appliances and remedies cannot be obtained. There is great danger of an indiscriminate use of such a method of dilatation in this hurrying age.

Septicæmia and Cardiac Thrombosis.—Reports of cases were made by Drs. Roper and Musgrave, death in the first case occurring in nineteen days after delivery, cardiac symptoms having existed a week; and in the second in twenty-nine days after an abortion at three months, the placenta being retained several days and then discharged in very offensive fragments; cardiac symptoms detected five days before death.

Our chief interest in these cases centres in the discussion, from which we make several extracts, as the subject has a special interest just now, in view of the cause of death in Dr. Isaac E. Taylor's case of Porro's operation reported in the last number of this Journal.

> Dr. Barnes said: "The immediate exciting cause of thrombosis seems, in the great majority of cases, to be the ingestion of septic matter into the blood. The blood of pregnant women is, as we know, highly charged with fibrin; it is highly coagulable, but during pregnancy thrombosis is rare." He had seen two or three decided cases. "During pregnancy there is no septic matter supplied, but after labour, when involution sets in, this is rapidly poured into the blood, and if the glandular system, liver, kidneys, skin, mucous membrane of intestinal tract, are not in good working order, noxious matters will accumulate in the blood, and thrombosis may ensue."
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> Dr. Cory spoke of "the importance of rest after labour or miscarriage as long as any offensive discharge continues." He remarked: "We certainly see the good results of leaving external wounds at rest, even though they be bathed with fetid pus, yet as long as the surface remains undisturbed absorption does not take place; disturb and break up the filtering surface, and you get all the symptoms of septicæmia."
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> Dr. Gervis believed that "in every case, even in those in which Dr. Barnes had said there might be a clean uterus, careful examination of the pelvis would discover indications of pelvic inflammation, the result, it might be, of some vaginal ulceration which had healed, the uterus itself not becoming affected."
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> Dr. John Williams "referred to a recent case of embolism after post-partum cellulitis, phlegmasia dolens, and pelvic abscess. After the opening of the abscess the patient was doing well, when she got up and made a slight effort, which was followed by a rigor. She died in three days, and multiple small abscesses were found in the lung, set up by emboli, which had been carried from a thrombus of the external iliac veins." He had never seen phlegmasia dolens without pelvic cellulitis.
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> Dr. Braxton Hicks said "that the low circulation from anæmia after excessive hemorrhage had often much to do with thrombosis. He had seen a case of probable embolism with thrombosis without any evidence of cellulitis or enlargement of the uterus."
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> Dr. Edis remarked "that in cases of septicæmia, attended or not by blocking of any of the veins, the profession was unanimous in insisting upon the most absolute rest and quiet, in order to avoid any risk of thrombosis. He thought, though, it was possible that by insisting too rigorously upon the recumbent position during the first nine days following a confinement, more especially if we had any reason to believe that any clots were retained in utero, or where the lochia was at all offensive, we incurred the risk of producing that which we were always so anxious to avoid, viz., septicæmia, by preventing the escape of putrid discharges."

Dr. Edis proposed permitting the patient to sit up a few minutes at a time, especially in defecation and urination, that noxious matters might be drained or forced out. Dr. Goodell, Philadelphia, has tried this system of drainage, with excellent results in the prevention of puerperal fever in his wards, for a number of years.

Dr. C. H. F. Routh reported a *Case of Extra-uterine Pregnancy.* This abnormal condition occurred in a woman of 22, probably single. To prevent rupture, the cyst was punctured by the aspirator through the rectum in the third month. Two or three ounces of serous fluid escaped, followed by about a pint of blood. Hemorrhage was arrested by injection of solution of perchloride of iron. In three days the cyst filled up and became tense; on the fourth day burst; and patient died in ten hours from hemorrhage. No signs of peritonitis were discoverable, or trace of the puncture. In this case, as in many others, the diagnosis was rendered difficult by the fact that the woman menstruated regularly.

We have here another instance of the dangers of aspiration, as well as of rupture in Fallopian pregnancies. Destroying the fœtus by puncture; electrolysis; the injection of morphia; and tapping the cyst, are all dangerous expedients. So likewise is cystotomy and the removal of its contents save the placenta; but in this event the woman is cured, if the operation does not prove directly fatal; which may not be the case where the dead fœtus is left *in situ.*

The discussion of Dr. Routh's paper shows how diverse are the views of obstetrical surgeons upon what is to be done in cases of extra-uterine pregnancy; whether to aspirate by the vagina, or rectum, or not at all: whether to operate for the removal of the contents of the cyst, per vaginam; or by gastrotomy; and whether to ligate and remove the cyst itself by abdominal incision, either before rupture; or after it shall have taken place.

Advanced gynæcology in this country recommends the removal of the cyst where practicable; in the early months by the vagina, and in the later by the abdomen. Parties are divided as to the propriety of the primary operation by gastrotomy, as the risk is less after the death of the fœtus. But the danger of rupture of the cyst at maturity, has determined some operators to open it during the life of the child. The cases as yet have not resulted encouragingly, as in that of Dr. Jessop of Leeds, except that the children have been saved; but success is by no means unattainable.

In the case of rupture of a Fallopian cyst in the early months, we are gradually coming to believe that the abdomen should be opened, the hemorrhage arrested, and the peritoneum cleansed of blood. Several autopsies have shown that the operation of removing the cyst would have been quite practicable; hence the opinion held, which may some day be put into practice. Dr. Veit, previously referred to, has we believe been the only operator in a case of Fallopian rupture, and his patient died. Others will no doubt follow, and success must sooner or later result, provided the cases are such as one we examined after death, in which there were no adhesions, and the hemorrhage was slowly fatal. In one case in New York the lady lived 60 hours—the diagnosis was made by Dr. Thomas—the operation was declined, and the autopsy showed that it was a very favourable case for ligation.

The discussion on the forceps, which occupied parts of three meetings, and fills 112 pages of the volume, it is impossible to condense. Part of it has already been laid before our readers in the *Monthly Abstract*, as the views of Dr. Barnes.

Unilocular Cyst involving both Ovaries, and with both Fallopian Tubes attached.—Mr. J. KNOWSLEY THORNTON, of the Samaritan Hospital, reported that he had seen this peculiar condition four times in examining over 500 ovarian tumours. The four were all among his own cases. The condition is a puzzling one to the operator and pathologist, as upon a single cyst we find the two Fallopian tubes, and can trace them distinctly to their fimbriæ.

Case of Inguino-ovarian Hernia (double), operation, recovery, was reported by Mr. Thomas Chambers. Woman 24, single, a housemaid, Irish—hernias discovered in hospital at age of 12, after which the lumps became gradually larger and more painful from year to year. Came under observation in London in March, 1879, was then 5 feet 9; had a well developed bust; had never been *unwell;* voice feminine; no hair upon the pubes; inguinal tumours painful, and sensitive to the touch; had existed as long as the patient could remember; vagina found to be cone-shaped and about an inch long, with no os uteri; no uterus or ovaries discoverable in the pelvis; never had sexual desires. The ovaries (?) in the groins were removed, and the woman recovered. The abnormal bodies were examined by a committee, and pronounced to be *testicles*, "the glandular structure of which had never undergone its normal development."

According to Englisch of Vienna, who collected 27 inguinal cases, 9 femoral, 1 sciatic and 1 obturator; there were double herniæ in one-third of the inguinal cases, and one-half of those operated upon by removal died. The chief value of this report lies in the fact that the bodies removed were shown by the microscope to belong to the male sex. As in these congenital cases the uterus is sometimes absent, it is probable that the bodies removed are occasionally unrecognized testicles instead of ovaries, as we find them to have been in this instance.

Fibroma of both Ovaries.—This rare disease was found by Mr. Cullingworth of Manchester in a widow of 36 who died in St. Mary's Hospital, March 11th, 1879. She had first noticed a swelling in the right groin after the birth of her fifth child, five years before; and was affected at the time of her admission with slight uterine hemorrhage, which lasted continuously for three months; the patient had a florid healthy appearance. The uterus was not enlarged; the tumours were easily defined; were attached by broad pedicles, and there was no fluid in the abdominal cavity. The hemorrhage continued three months, and then ascites set in followed by pleurisy, of which she died on September 11th, 1879.

The tumours were found non-adherent; right, weighed 9 ounces, and left 22; both solid throughout with the exception of a serous cyst, about an inch in diameter, in the substance of the right one just beneath the capsule; no portion of the normal tissue of the ovaries remained.

Mr. Spencer Wells met with only three cases of fibroma in more than 800 ovariotomies. Keith does not mention it in his tables. W. L. Atlee mentions one case, which was not examined microscopically. Peaslee says he had seen two cases; but one is said by Dr. Thomas to have been fibro-cystic in character. Kœberle does not report a case. Spiegelberg met with two, one weighing with the uterus 66 pounds. Three specimens have been shown at the Obstetrical Society of London; Lawson Tait removed one weighing 9 pounds. Two were exhibited to the Philadelphia Obstetrical Society; one by Goodell, weighing 4 lbs. 4 oz., no microscopical examination mentioned. Cases of double fibroma ovarii are upon record, but the want of a microscopic test diminishes their value as specimens of this rare disease.

Mr. Cullingworth, in answer to inquiries as to malignancy of character shown by the pleural and peritoneal effusions, stated that a "very careful and minute inspection failed to discover more than a thickened and opaque condition of the pleura and peritoneum."

The ovarian tumours were examined by Drs. Thornton and Doran, who inclined to the belief that incipient carcinomatous degeneration existed, but could not be positive, as the specimens had been injured for a minute microscopical study by *post-mortem* softening. Dr. Dreschfeld, who had examined a section prepared by hardening in alcohol obtained when the tumours were fresh, was of a different opinion. He said, "the tumour is a fibroma. The more closely-packed cells, found in addition to the fibres and tissue-corpuscles, are not epithelial in character or contained in alveoli, and therefore cannot be regarded as cancerous; while the well-developed walls of the fully-formed bloodvessels in their neighbourhood, and the abundant matrix preclude the idea of sarcoma."

The bibliography of Mr. Cullingworth's paper is very abundant and complete, and furnishes a valuable series of references to any one who may desire to investigate the subject more fully.

In a *Report of experimental inquiry, instituted to determine with what fluids and by what methods the operation of blood transfusion may best be performed, and to ascertain the effects, immediate or remote, which result from the operation in animals*, Mr. Schäfer relates thirty five experiments upon animals; 16 of transfusion of milk without, and 3 with previous depletion, and 16 of transfusion of blood with previous depletion. The trials with milk were made upon rabbits, dogs, and cats; those with blood, upon dogs and cats. Ordinary milk proved fatal to 5 rabbits, and 1 was unaffected. Boiled milk did not affect two of three rabbits experimented upon, and the third was apparently unaffected: it died 8 days afterward, and parasitic cysts were found in its liver. Boiled milk was not fatal to one dog, and ordinary milk to three cats, experimented upon. Freshly drawn milk received into a superheated vessel did not affect the two rabbits upon which it was tried. A dog, cat, and rabbit all died in a short time after the transfusion of ordinary milk, following previous depletion. . . . The experiments with blood can only be understood by a reference to the original table.

On page 331 we find the following:—

> "*Dogs and cats* not previously depleted, resist the action of the septic organisms which the unboiled milk contains, much better than do rabbits. Quantities which would certainly have proved fatal to rabbits, were without any apparent effect in dogs and cats. In *depleted animals*, the injection of milk produced a slight temporary rise in the blood-pressure, but this very speedily disappeared, the pressure sometimes falling below the point at which it was before the injection. There was never any apparently beneficial effect. Ordinary unboiled milk which contains the germs of septic organisms is highly injurious to depleted animals, and ought never to be employed for transfusion."[1]

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[1] "Shown long ago by Lower, but forgotten or disregarded. In modern times the subject has been again examined, and results almost exactly similar to mine have been obtained by Howe and Dupuy in America. Howe's dogs all died promptly. And yet Dr. Gaillard Thomas and others are not deterred from using milk for transfusion in the human subject."

There is a speciousness in the reasoning of Mr. Schäfer, which requires attention. Dr. Howe injected milk brought into New York from the country. Dr. Dupuy repeated his experiment, with *immediately drawn* milk, and found the fluid perfectly harmless in this form, as did also Mr. Schäfer. If all of Mr. Schäfer's experiments, or even the half of them, had been made with "immediately drawn" milk, they would have been made much more satisfactory, as no one has for a long period questioned the fatality of transfusion with ordinary milk. Drs. Thomas and Hunter were not influenced by these experiments of Howe or Dupuy; but by those of Hodder, of Canada, who in 1850 saved two patients during an epidemic of Asiatic cholera. When Dr. Howe injected f℥vj of fresh goat's milk into the cephalic vein of a patient affected with phthisis, there was an improvement for a time. Dr. Thomas *thinks* that he saved the life of a lady, after hemorrhage from the uterus following ovariotomy, by the injection of f℥viij of cow's milk drawn at the door of the house of the patient and used at once. There seems to be a difference of opinion here, in which we think Dr. Thomas has as yet the advantage. In the discussion which followed the reading of the paper, it appears to have been thought that the experiments of Schäfer were final and conclusive against the transfusion of milk in the human subject in any form; at least there was no opposition to the following opinion:—

Dr. Playfair said, "one good resulting from" the report "would be that it would place the operation of transfusion on a more scientific footing, and would at once put a stop to such experiments as the transfusion of milk and other fluids, of which we have heard a good deal from America, and the unscientific value of which, it seemed to him, Mr. Schäfer's report had conclusively settled."

We think that in all probability Drs. Thomas and Hunter may have something to say in reply, and therefore leave the matter of argument to them. The chief conclusions of Mr. Schäfer from his experiments are as follows, viz.:—

"1. Ordinary milk is highly detrimental, and ought never to be used for transfusion."

2 and 3. The same may be said of solution of salt and other watery fluid, and of the blood and serum of the lower animals.

"4. The only fluid which can be employed with any benefit for transfusion in the human subject is human blood, and this may be in the normal or in the defibrinated condition."

"7. The simplest and best form of apparatus is a short flexible tube, terminating in glass canulas, which is used to connect either a vein of the giver to a vein of the patient, or an artery of the giver to an artery of the patient."

"8. The amount of blood used may be measured by the time of flow. Enough blood would probably flow from vein to vein in three or four minutes; from artery to artery (toward the heart) in half a minute or a minute."

Mr. Schäfer evidently prefers the transfusion from artery to artery; a plan which will probably have but few advocates. His paper is worthy of being carefully studied by every one contemplating the performance of this restorative operation. We cannot admit the conclusiveness of his experiments, and would suggest to some experimenters a modification of them, as the foundation for a valuable medical thesis. If the ordinary milk of the market produces death when injected into the veins of a rabbit, it will not do to say, *ergo*, we should not use *immediately drawn and strained milk*, kept at 99° Fahr., upon the human subject. Try the latter upon a number of rabbits, cats, and dogs after depletion, and then we may argue from the result, as to the danger or safety of the same in a man or woman after hemorrhage. R. P. H.

NOTE.—Dr. Schäfer, in a note to Dr. Playfair, and in reply to one from the reviewer, says that the reason why milk is not beneficial in transfusion after depletion is, that it does not contain hæmoglobin. "Lister has shown that milk drawn directly from the teat into a physiologically clean vessel will, if protected, keep an indefinite time perfectly sweet and good; and I do not doubt that milk so obtained would be innocuous. But certainly it would not be more beneficial than three-quarter per cent. salt solution, and it has been shown over and over again that the effect of this in raising the blood-pressure after depletion is only transitory, and an animal dying, as depleted animals almost always die, of apoplexy from want of hæmoglobin to carry oxygen to the nervous centres, could not be benefited by either fluid."

ART. XXV.—*Eyesight: Good and Bad. A Treatise on the Exercise and Preservation of Vision.* By ROBERT BRUDENELL CARTER, F.R.C.S., late Hunterian Professor of Pathology and Surgery to the Royal College of Surgeons of England; Ophthalmic Surgeon to St. George's Hospital, etc. 12mo. pp. 265. London: Macmillan & Co., 1880.

THE preface of this little volume informs us that "a large portion of the time of every ophthalmic consultant is occupied day after day in repeating to successive patients precepts and injunctions which ought to be universally known and understood. The following pages contain an endeavour to make these precepts and injunctions, and the reasons for them, plainly intelligible to those who are most concerned in their observance."

In the thirteen chapters which follow, Mr. Carter shows himself a skilled and practised writer, and gives a very satisfactory popular statement of most of the subjects on which he treats; but we think it may fairly be doubted whether Mr. Carter will live long enough to see all this matter carefully thought over and thoroughly mastered by his numerous consultants, and we can but wish him "long life and faithful patients."

In chapter seven we have a clear and pleasant discussion of the main facts relating to Myopia and of the best methods of preventing its increase. In the following one on Asthenopia we find a quotation from Dr. Ezra Dyer (formerly of this city), now of Pittsburg, Pa., stating clearly his method of treating it, instructions which, our author remarks, "on this side of the Atlantic are generally less known than they deserve."

We read with much pleasure the excellent chapter on the "Care of the Eyes in Infancy and Childhood," until a steadily growing sensation of having been previously familiar with it caused us to turn to the admirable work of Arlt on the "Care of the Eyes" (a work unfortunately quite neglected in this country, and apparently also in England), where it became evident that whole sentences are literally translated from the German and embodied in Mr. Carter's work.

The statement in the preface that "I have derived valuable suggestions from "Die Pflege der Augen of Professor Arlt," certainly does not warrant any such free borrowing; and the fact that in other portions of the chapter he does use quotation marks to indicate the passages borrowed from Arlt, renders it difficult to believe that the omission is due to the